

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE Refiling
Sidetrack

Document Number:

400076292

Plugging Bond Surety

20010158

3. Name of Operator: BP AMERICA PRODUCTION COMPANY 4. COGCC Operator Number: 100005. Address: 501 WESTLAKE PARK BLVDCity: HOUSTON State: TX Zip: 770796. Contact Name: Susan Folk Phone: (970)335-3828 Fax: (970)335-3837Email: Susan.Folk@bp.com7. Well Name: Clary GU Well Number: 4

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 3227

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 18 Twp: 34N Rng: 9W Meridian: MLatitude: 37.186940 Longitude: -107.866290Footage at Surface: 1099 FNL/FSL FSL 2464 FEL/FWL FEL11. Field Name: Ignacio Blanco Field Number: 3830012. Ground Elevation: 6376.7 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 01/09/2009 PDOP Reading: 1.7 Instrument Operator's Name: Jeff Chambers15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1652 FSL 1487 FEL 1928 FEL/FWL 1029 FEL
Sec: 18 Twp: 34N Rng: 9W Sec: 18 Twp: 34N Rng: 9W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 202 ft18. Distance to nearest property line: 155 ft 19. Distance to nearest well permitted/completed in the same formation: 1589 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Fruitland Coal	FRLDC	112-190	320	S/2

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
N/2SE/4, Sec 18, T34N, R9W N.M.P.M.

25. Distance to Nearest Mineral Lease Line: 322 ft 26. Total Acres in Lease: 80

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: Recycle/Reuse

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	20	350	261	350	
1ST	7+7/8	5+1/2	15.5	3,227	415	3,227	

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments Surface location has moved from original APD location. Site has not been built. SUA is still valid. Waiver to the 30 day notice (Rule 305) & waiver to consultation (Rule 306) can be found in attached SUA. No conductor casing will be used.

34. Location ID: 326617

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Susan Folk

Title: Infill Permit Coordinator Date: _____ Email: Susan.Folk@bp.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER 05 067 09733 00	Permit Number: _____ Expiration Date: _____
CONDITIONS OF APPROVAL, IF ANY: _____	

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400076301	WELL LOCATION PLAT	CLARY_GU4 PlatwBHL.pdf
400076302	OTHER	CLARY_GU4_WELLHEAD Distance Plat.pdf
400076303	TOPO MAP	CLARY_GU4_TOPO.pdf
400076304	MINERAL LEASE MAP	Clary GU #4 Min Lease Map.PDF
400076305	SURFACE AGRMT/SURETY	Clary GU #4 SUA.PDF
400076306	DRILLING PLAN	CLARY_GU4 Directional Plan.pdf

Total Attach: 6 Files